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Bib Data Sheet

CONFIRMATION NO. 6154

<b>SERIAL NUMBER</b> 08/851,628	<b>FILING OR 371(c) DATE</b> 05/06/1997 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> JJJ-PO1-515	
<b>APPLICANTS</b> CHARLES M. COHEN, WESTON, MA; KUBER T. SAMPATH, HOLLISTON, MA; Slobodon Vukicevic, Zagreb, CROATIA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/643,321 05/06/1996 PAT 6,498,142					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/02/1997</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 58	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 28120					
<b>TITLE</b> NOVEL THERAPIES FOR CHRONIC RENAL FAILURE					
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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KUBER T. SAMPATH, HOLLISTON, MA;  
Slobodon Vukicevic, Zagreb, CROATIA;

\*\* CONTINUING DATA \*\*\*\*\*

*see amendment  
filed  
2/22/99  
D.R.  
9/15/14*  
THIS APPLN IS A CIP OF 08/643,321 05/06/1996 PAT 6,498,142

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Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

NOVEL THERAPIES FOR CHRONIC RENAL FAILURE

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